Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BAIRD HOME (410088)

Address: 720 N BAIRD ST, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096723 End Date: 03/16/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007276 Served 04/13/2006

		Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.32(2)(a)1	PHYSICAL HEALTH		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(d)	COMMUNITY ACTIVITIES		
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0095273 End Date: 07/18/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969

Corrected

Madison WI 53701-2969

Survey ID: 0093098 End Date: 07/21/2004 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007000 Served 08/12/2004

Deficiencies Cited Subject Area Subject Area Verified

83.20(2)(b)1 INITIATED BY CBRF-30 DAY NOTICE 07/18/2005 Yes

Survey ID: 0090961 End Date: 08/21/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006892 Served 09/16/2003

		Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/18/2005	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	07/18/2005	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	07/18/2005	Yes
	DISCLOSURE FORM		
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF	07/18/2005	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	07/18/2005	Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 08/11/2004 SOD #10007000 Appealed: No
Sanctions
COMPLY WITH REQUIREMENT

Date: 09/15/2003 SOD #10006892 Appealed: No

Sanctions

FORFEITURE---83.19(3)(d)

FORFEITURE---83.20(2)(b)1

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 09/14/2004 Date Investigation Completed: 07/18/2005

Subject Area(s) Result SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED NOT SUBSTANTIATED